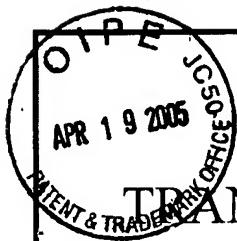


04-20-05

2173

Express Mail Label No. EV630987500US



**TRANSMITTAL
FORM**

TRANSMITTAL FORM	Application Serial Number	10/052,154
	Filing Date	January 16, 2002
	First Named Inventor	Yacovone
	Group Art Unit	2173
	Examiner Name	Becker
	Attorney Docket No.	BSK-002
	Patent No.	Not applicable
	Issue Date	Not applicable

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application <input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate)
<input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input checked="" type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input checked="" type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement	
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input checked="" type="checkbox"/> Form PTO-1449 <input checked="" type="checkbox"/> Copies of Supp. IDS Citations C1-C2	<input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	
<input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above		

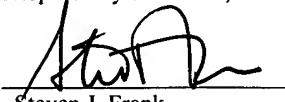
CORRESPONDENCE ADDRESS

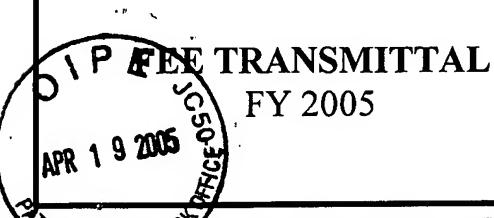
Direct all correspondence to: Patent Administrator
Goodwin Procter LLP
Exchange Place
Boston, MA 02109
Tel. No.: (617) 570-1000
Fax No.: (617) 523-1231
Customer No. 051414

SIGNATURE BLOCK

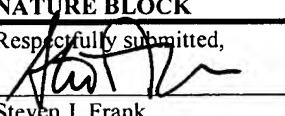
Date: April 1, 2005
Reg. No. 33,497
Tel. No.: (617) 570-1241
Fax No.: (617) 523-1231

Respectfully submitted,


Steven J. Frank
Attorney for Applicants
Goodwin Procter LLP
Exchange Place
Boston, MA 02109



Complete if Known	
Application Serial Number	10/052,154
Filing Date	January 16, 2002
First Named Inventor	Yacovone
Group Art Unit	2173
Examiner Name	Becker
Attorney Docket No.	BSK-002

METHOD OF PAYMENT		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		3. ADDITIONAL FEES	
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 07-1700. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.		Large Entity Small Entity Fee (\$) Fee (\$) Fee Description Fee Paid	
3. <input checked="" type="checkbox"/> Applicant claims small entity status.			
FEE CALCULATION			
1. FILING/SEARCH/EXAM/SIZE FEES			
Large Entity			
Fee (\$)	Fee Description	Fee Paid	
300	Utility filing fee		
500	Utility search fee		
200	Utility exam fee		
250	Utility size fee (each add'l 50 pgs. over 100)		
200	Design filing fee		
100	Design search fee		
130	Design exam fee		
250	Design size fee (each add'l 50 pgs. over 100)		
Number Filed	Number Extra	Rate	Amount
Total Claims	- 20 =	x \$ 50.00 =	
Independent Claims	- 3 =	x \$200.00 =	
<input type="checkbox"/> Multiple Dependent Claim(s), if any		\$360.00 =	
		TOTAL:	
		SMALL ENTITY DISCOUNT:	
		SUBTOTAL (1)	(\$) 0.00
2. AMENDMENT CLAIM FEES			
Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Fee Paid
Total	- =	x \$ 50.00 =	
Indep.	- =	x \$200.00 =	
<input type="checkbox"/> First Presentation of Multiple Dep. Claim		+ \$360.00 =	
		TOTAL:	(\$)
		SMALL ENTITY DISCOUNT:	(\$)
		SUBTOTAL (2)	(\$) 0.00
CORRESPONDENCE ADDRESS		SIGNATURE BLOCK	
Direct all correspondence to:		Respectfully submitted,  Steven J. Frank Attorney for the Applicants Goodwin Procter LLP Exchange Place Boston, MA 02109 Tel. No.: (617) 570-1241 Fax No.: (617) 523-1231 Customer No. 051414	
		Date: April 11, 2005 Reg. No.: 33,497 Tel. No.: (617) 570-1241 Fax No.: (617) 523-1231	